



Colorado Department  
of Public Health  
and Environment

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
4300 CHERRY CREEK DRIVE SOUTH  
DENVER, COLORADO 80246

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**COLORADO HEALTHCARE-ASSOCIATED INFECTIONS  
ADVISORY COMMITTEE  
May 26, 2015**

*Note: These minutes are a summary of the proceedings and motions of the May 26, 2015 meeting of the Colorado Healthcare-Associated Infections Advisory Committee.*

<b><u>CALL TO ORDER</u></b>	Colleen Casaceli called the May 26, 2015, Colorado Healthcare-Associated Infections Advisory Committee (CHAIAC) to order at approximately 2:12 p.m. at the Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive South, Denver, Colorado, 80246.
<b><u>MEMBERS</u> (in person) (via teleconference)</b>	Colleen Casaceli, Peggy Sabel, Tara Janosz, Paul Hill, Renee Peters, and Carole Hemmelgarn  Cindy Thistel, Heather Young and Ryan Biehle
<b>CDPHE STAFF GUESTS</b>	Wendy Bamberg, Tamara Hoxworth, Carolyn Elliott, Rosine Angbanzan, Karen Strott and April Burdorf  Teri Hulett
<b><u>APPROVAL OF MINUTES</u>  Colleen Casaceli</b>	<b>Motion to approve Minutes by Colleen Casaceli and seconded by Peggy Sabel</b>  <b>Motion Approved</b>
<b><u>COMMITTEE BUSINESS</u>  Colleen Casaceli</b>	Renee Peters introduced as New ASC Representative on the Advisory Committee

<p><b><u>PROGRAM UPDATES</u></b></p> <p><b>Tamara Hoxworth Rosine Angbanzan Carolyn Elliott Wendy Bamberg</b></p>	<p>Carolyn gave an update on her NHSN CLABSI training for IPs held at the CDPHE on May 20<sup>th</sup>. There were 12 IPs in attendance, the reviews were good however when asked to evaluate the course, most IPs requested more training be done closer to their facility location because travel was often the reason IPs did not attend the trainings. The HAI Newsletter is scheduled to be released by the middle of June, the first issue to focus on Outpatient Dialysis Centers.</p> <p>Rosine gave an update on the colon validation she is currently working and has visited 18 out of 20 scheduled facilities that report into the National Healthcare Safety Network (NHSN). She will complete her validation by the end of July. Rosine will present a complete report in at the August meeting.</p> <p>Wendy gave an update on the CDC awarded funds to expand HAI planning and assessment, as well as expansion of the HAI Advisory Committee. This expansion would include the creation of a subcommittee dedicated to Ebola preparedness. This subcommittee would consist of current partners and stakeholders such as: Hospital Preparedness Staff, Office of Emergency Preparedness, Telligen, quality improvement organizations, and hospital intelligence and security staff.</p> <p>CDPHE tasks related to this new funding include the development of an infection control assessment for reporting Ebola. We are in the process of hiring office staff to create survey tools to identify reporting gaps.</p> <p>Committee needs to determine the format of this expanded committee and whether it would meet in conjunction with the CHAIAC or meet on opposite months when there was no scheduled CHAIAC meeting.</p> <p>Wendy also announced the creation of a new work group dedicated solely to the development of a new State HAI Plan; target date for completion is October 2015.</p>
<p><b><u>Motion</u></b></p>	<p>Motion by Colleen Casaceli and Seconded by Peggy Sabel to change the NHSN reporting requirements from 30 days to 90 days to allow for more accurate reporting with less editing.</p> <p><b>Motion Passed</b></p>
<p><b><u>DISCUSSION</u></b></p>	<p>There was discussion on how best to help IPs handle situations where physicians overrule IP decisions to report events into NHSN and how best to educate providers on the importance of complying with NHSN surveillance definitions. The committee was asked about potential approaches/vehicles (i.e.,webinars, emails, etc.) and topics for this education. Possible educational topics discussed were: 1. Why is it critical to adhere to NHSN definitions? 2. Value-based purchasing and the effects of reimbursement rates? and 3. How not adhering to NHSM definitions can affect the facility SIR. In order for risk adjustment to be applied correctly, data must be reported accurately and collected according to NHSN protocols. The establishment of 1-hour webinars each month on different topics, such as: helping the IPS with scripting when addressing physicians or medical directors. Education could involve working with facilities' infection control committees, quality control directors and patient safety directors.</p> <p>Annual report data will be pulled on November 1<sup>st</sup> and will be pre-released to facilities by November 15<sup>th</sup>.</p>
<p><b><u>ADJOURNMENT</u></b></p>	<p>Meeting adjourned at 3:45 PM. Next meeting is scheduled for August 25<sup>th</sup>, 2015</p>

